

PART B - ISSUE FEE TRANSMITTAL

H 1,000.00 - 142 B
30.00 - 561 B
Part fee

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 4 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FREE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

BASAM E. NABULSI

UNITED STATES SURGICAL CORP.

150 GLOVER AVE.

NORWALK, CT 06856

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

07/593,676

10/05/90

020

LEWIS, W

3306

12/03/91

First Named
Applicant

GREEN,

DAVID T.

TITLE OF
INVENTION SAFETY TROCAR

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3 1168

606-184.000

V22

UTILITY

NO

\$1050.00

03/03/92

3. Further correspondence to be mailed to the following:

4. For printing on the patent front

page, list the names of not more than 1 _____
3 registered patent attorneys or
agents OR alternatively, the name of a 2 _____
firm having as a member a registered
attorney or agent. If no name is
listed, no name will be printed. 3 _____

DO NOT USE THIS SPACE

050 LP 03/13/92 07593676

050 LP 03/13/92 07593676

1 142

1,100.00 CK

1 561

30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

C/ United States Surgical Corporation

(2) ADDRESS: (City & State or Country)

150 Glover Avenue, Norwalk, CT U.S.A.

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Delaware

A. ☐ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☒ Issue Fee ☐ Advanced Order - # of Copies _____

(Minimum of 10)

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER _____
(Enclose Part C)☐ Issue Fee ☒ Advanced Order - # of Copies 10☐ Any Deficiencies in Enclosed Fees

(Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

Basam E. Nabulsi

3/2/92

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE